			CITY OF TITUSVILLE, I	PA FO	OD	EST	ABI	ISH	MENT I	NSPECTI	ON REPORT	Ļ		
CI	TY O	F TTTI	ISVILLE		No	of R	isk F	actor/I	nterventions	Violations	Date \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	118		
CITY OF TITUSVILLE DEPARTMENT OF HEALTH Establishment Locatio					No. of Repeat Risk Factor/Intervention/Violations					Current 11/17/2	018			
										uons	Phone Expiration 127272			
			3288	103		Peri	y S	t.			1,101,0			
cens		Contact/	Permit Holder	Р	urpos	se of	Inspe	ection	Est Type	~	Risk Category			
ermi	t#	Christin	e Doverspike		Rout	ine	Follo	w-up	FS (RS	s)	High Medium Lo	N		
			FOODBORNE ILLNESS	RISK F	ACT	ORS	AND	PUBL	IC HEALTH	INTERVEN	NTIONS			
TN	Circ	le designa	ted compliance status (IN, OUT, N/O, NOT = not in compliance N/O = not	I/A) for ear	ch nu	mbere	d iten	licable	COS - 0		appropriate box for COS and/or R te during inspection $\mathbf{R} = \text{repeat vi}$			
111	111 CC		Compliance Status	L GDSEI VEG	cos	R	л арр	псаые		Compliance		cos		
Demonstration of Knowledge											s Food Time/Temperature			
1	IN O		Certification by accredited program,				16							
1	IN O) i	compliance with Code, or correct responses				17	_			neating proc for hot holding	\Box		
2	IN O	П	Employee Health				18 19		JT N/A N/O JT N/A N/O		Proper cooling time & temperatures Proper hot holding temperatures			
<u>2</u> 3	IN OUT		Management awareness; policy present Proper use of reporting, restriction & exclusion				20		JT N/A N/O	 	Proper root holding temperatures Proper cold holding temperatures			
			Good Hygienic Practices				21	IN OUT N/A N/O		Proper dat				
4	_	T N/O	Proper eating, tasting, drinking, or tobac				22	IN O	JT N/A N/O	Time as pu	Time as public health control; proc & rec			
5	IN OU	T N/O	No discharge from eyes, nose, and m	outh						Concum	ner Advisory			
<i>c</i>	IN OU		eventing Contamination by Hands				22	TNI OLI	Consumer Advisory Consumer advisory provided for		advisory provided for raw or			
6	IN OUT N/O		Hands clean & properly washed				23	IN OU	I N/A	undercook	ted foods			
7	IN OUT	ΓN/AN/O	No bare hand contact with RTE foods approved alternate method properly f						Hiç	ghly Susce	nly Susceptible Populations			
8	IN OU	T	Adequate handwashing facilities supplied accessible	1 &			24			Pasteurize not offered	zed foods used; prohibited foods			
			Approved Sources								emical			
9	IN OU	Т	Food obtained from approved source				25	IN OU	T N/A		ves: approved & properly used			
LO	IN OU	T N/A N/O	Food received at proper temperature				26	IN OU	T N/A	Toxic subst used	ances properly identified, stored &			
11	IN OU	JT Food in good condition, safe & unadulterat		Iterated					Conforr		Approved Procedures			
12	IN OU	□N/A N/O	Required records available: shelf stock parasite destruction	k tags,			27	IN OU	T N/A		e with variance, specialized HACCP plan			
		TANISH AND THE STATE OF THE STA	Protection from contamination		***************************************									
13 14		T N/A	Food separated & protected	itizod				sk factors are improper practices or procedures identified as the mos ontributing factors of foodborne illness or injury. Public Health Interve						
		IN OUT N/A Food-contact surfaces: cleaned & sanitized Proper disposition of returned, previously			contributing factors of roodborne limess of injury. Profile regard interventions are									
L5	IN OU		served, reconditioned & unsafe food											
		Go	od Retail Practices are preventative me					ACTIC n of pai		nicals and phys	sical objects into foods.			
lark '	"X" in b	ox if numl	pered item is not in compliance Mar	k "X" in a	ргорі	riate b	ox for	COS ar	nd/or R COS	S =corrected or	n-site during inspection R=repea	t violati		
		· · · · · · · · · · · · · · · · · · ·			cos	R			TANK FRANSIS F			cos		
28		Pasteur	Safe Food and Water rized eggs used where required				41		Proper Use of Utensils					
29			& ice from approved source				42			In-use utensils: properly stored Utensils, equip & linens: properly stored, dried & handled				
30		Variand	e obtained for specialized processing m	ethods			43	····-			articles: properly stored & used			
		Proper	Food Temperature Control cooling methods used; adequate equip	ment for			44		Gloves used	<u> </u>		_		
31			ature control							Utensils, Equipment and Vending				
12		Plant fo	Plant food properly cooed for hot holding 45 Food & non-food contact surfaces cleanable, proper designed, constructed & used											
33			Approved thawing methods used				46		Warewashing facilities: installed, maintained, used: test strips					
34		inermo	Thermometers provided & accurate 47 Non-food contact Food Identification		to the second se	clean al Facilities	<u> </u>							
			roperly labeled; original container	1-44//44/00-1-4-1/44			48			vater available	; adequate pressure			
5		Prevention of Food Contamination					49		Plumbing ins	stalled; proper	backflow devices	-		
5		Insects, rodents & animals not present; no unauthorized persons					50		Sewage & wa	aste water pro	pperly disposed	1		
6		unauth				. 1			Toilet facilitie	es: properly co	instructed, supplied & cleaned	\sqcup		
36 37	×	unauth Contam	ination prevented during prep, storage & o	display	\checkmark	-	51		Garbago 9	ofuce property				
36 37 38	×	Contam Persona	ination prevented during prep, storage & o al cleanliness	display	X		51 52 53				disposed; facilities maintained			
35 36 37 38 39	×	Contam Persona Wiping	ination prevented during prep, storage & o	display	X		52		Physical facil	lities installed,				

	-	FOOD	ESTABLISHMENT :									
		_		GREASE TRAP IN			1117118					
	F TITUSVILI FMENT OF H			Yes	No	Date 11 11						
Establishm	ent		Address/City/State/Zip Code 103 S. Perry St.	e		Phone						
TEMPERATURE OBSERVATIONS												
Item/L	ocation	Temp	Item/Location	Temp	Item/Loca	ation	Temp					
		730										
Freeze-		-150										
6/3/K-12		78										
Fryer Digwir		-7										
Sal Unt Veg		37										
<u>S&</u> 2 U.	KuM &	34.										
		£ 0 c s				<u>.</u> .						
トた	2(ya	OBSERVATIONS AND CO	DRECTIVE ACTION								
			OBSERVATIONS AND CO	RRECTIVE ACTION								
Item Number	Violatio	ns cited in this report mu	st be corrected within the tir	ne frames below, or a	as stated in section	ons 8-405.1	1 of the food code.					
37	ONC	outer car	mt storce	on top o	L HEC 11	a m	1ch,~(.					
•	/	. ^		Ų	J							
	(6)	Remove	1.									
					· .							
							· ·					

Person in C	harge (Signat	cure) Olm M	hul			Date:	17/18					
		Marxon	V	4.			1 1					
Inspector (S	Signature)	MILLE	<i>(</i>)			Date:	1117/18					
A SPECIOI (ngriatare)		; <u>.</u>			<u> </u>						